write it like this

May 26. 1987

In the matter of the Estate
Hilarió Soque
Deceased Yokut/Paiute

Probate No. IP, SA, 217N

Written Request for distribution of the payment claim probate number IP, SA, 217N86
Per accompanying hearing notice
Dated January 30 1987,

Micaela Soque ~~Buckeye~~
3606 Buckeye Dr San Jose Cal. 95111
Hilarió Soque
3606 Buckeye Dr. San Jose Cal. 95111
Susan Soque
3606 Buckeye Dr. San Jose Cal 95111
Michael Soque
3606 Buckeye Dr. San Jose Cal. 95111

Superintendent of the
central California agency BIA
Sacramento, Cal. 95815-4314
attn Finance

IN REPLY REFER TO:
Finance, IIM In

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
Sacramento Area Office
2800 Cottage Way
Sacramento, California 95825

Dear Individual Indian Account Owner:

As a result of the Manchester Band of Pomo Indians, Inc. v. United States, the Bureau is committed to make available to IIM account holders the rate of interest earned on ISSDA funds each month.

The rate of interest earned for the month of May 1974 was 8.30 % per annum. This rate is for information purposes only.

Sincerely yours,

C. L. Henson

C. L. Henson
Area Administrative Officer

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
Central California Agency
1800 Tribute Road
Post Office Box 15740
Sacramento, California 95813

IN REPLY REFER TO:
Tribal Operatio
F# 5288

APR 19 1979

Mr. Michael F. Soque
2439 Sleepy Hollow Lane
San Jose, CA 95116

Dear Mr. Soque:

Since you are now over eighteen years of age we are sending you a voucher to sign requesting the withdrawal of funds from your Individual Indian Money account, as requested.

These funds represent your share of the 1972 California Judgment Fund Payment. Your share of the payment, which was $668.52, has been in your IIM account earning interest. At this time you have approximately $1,037.48 in your account.

Please sign the voucher where marked, and have your signature witnessed by a notary public. After this has been done, return all copies of the signed voucher to this office in the enclosed self-addressed envelope. From the date we receive the signed voucher it should be approximately one week before you receive your check.

If you do not want to withdraw all of your funds, please attach a note to the voucher stating the amount you want to withdraw.

Sincerely yours,

Pat E. Calf Looking
Pat E. Calf Looking
Tribal Operations Officer

Enclosures

Noted:

Donna L Volster
ACTING Superintendent

IN REPLY REFER TO:
Tribal Operations
006 Soque

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
Central California Agency
1800 Tribute Road
Post Office Box 15740
Sacramento, California 95813

MAR 16 1979

TO WHOM IT MAY CONCERN:

This is to certify that Michael Fredrick Soque enrolled as a California Indian under the Act of September 21, 1968 (82 Stat. 860 & 861), and is named on the California Judgment Fund Roll of California Indians, completed as of December 15, 1972, as enrollee number 59818, date of birth 2/2/58.

Information as to degree of Indian blood is not shown on this roll however, other records in this office show her/him to be the son of Hilario Soque, Sr., AKA: Eli Soque, 3/8 Yokut (Tejon).

Based on the above relationship the applicant's degree of Indian blood is computed to be 3/16 Yokut (Tejon).

Harold M. Brafford
Harold M. Brafford
Acting Superintendent

RECEIVED
MAR 19 1979
CETA

CCA/T07

CALIFORNIA JUDGMENT FUND

This information is furnished in response to the Enrollment Eligibility Notice sent to:

ENROLLEE Michael Frederick Sogue App. #008189 File #05288
(Give name as shown in letter) (Give numbers shown in letter)

Part A - (For adults - Persons 18 or over as of 7/1/72, including married minors) I am the enrollee identified above and report the following change in name and address.

Name: Michael Frederick Sogue

Address: 1625 Center Ridge San Jose, Calif

Part B - As the responsible adult for completing this questionnaire, I furnish the information for the ENROLLEE identified above who is:

/X/ a minor, /_/ adult under legal disability, /_/ not now living.

I hereby state that Michael Frederick Sogue
(Give enrollee's name)

is under the guardianship of or is in the custody and control of:

mother Micaela Velasquez, Sogue,
(Give name & relationship) (legal guardian, parent, grandmother, etc.)

At this address: 1625 Center Ridge
San Jose Calif, 95121

If the ENROLLEE is not now living, give the date of death ____________.
If a death certificate has not been furnished, one should be submitted.

I certify that the above information is true and correct to the best of my knowledge and belief. (18 U.S.C. 1001) provides criminal penalties for knowingly making false statements.

Micaela Velasquez
(Signature of person giving above information)

MICAELA VELASQUEZ
(Please print name also)

1625 Center Ridge
(Address)

San Jose Calif.